

ORIGINAL
LOP 10 Rev. 10/03
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREJARID L. CUBBAGE

Plaintiff

WARDEN V. SGT.
THOMAS CARROLL and LARRY CONNELLY
Defendant(s)APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 06-684

I, Jarid Cubbage

declare that I am the (check appropriate box)

• • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • Yes • No (If "No" go to Question 2)

If "YES" state the place of your incarceration Delaware Correctional CenterInmate Identification Number (Required): 271683Are you employed at the institution? Yes Do you receive any payment from the institution? YesAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • Yes • No

- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer. \$29.61, 18 hours, paid monthly
Prison's Main Kitchen
- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|-------|------|
| a. Business, profession or other self-employment | • Yes | • No |
| b. Rent payments, interest or dividends | • Yes | • No |
| c. Pensions, annuities or life insurance payments | • Yes | • No |
| d. Disability or workers compensation payments | • Yes | • No |
| e. Gifts or inheritances | • Yes | • No |
| f. Any other sources | • Yes | • No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

N/A

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• Yes • No

If "Yes" state the total amount \$ N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• Yes • No

If "Yes" describe the property and state its value.

N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

NONE

I declare under penalty of perjury that the above information is true and correct.

6-9-06
DATE

Judi L Culver

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

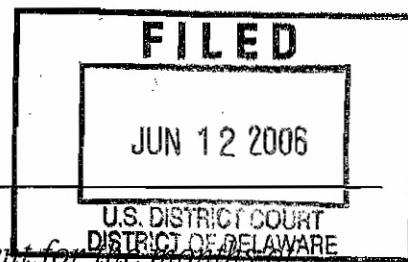
0 6 - 3 8 4

TO: Jarid Gubbay SBI#: 271Re83

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: March 9, 2006



Attached are copies of your inmate account statement for the months of
September, 2005 to February, 2006

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Sept</u>	<u>20.80</u>
<u>Oct</u>	<u>22.31</u>
<u>Nov</u>	<u>11.36</u>
<u>Dec</u>	<u>11.64</u>
<u>Jan</u>	<u>21.20</u>
<u>Feb</u>	<u>40.02</u>

Average daily balances/6 months: 20.97

Attachments

CC: File

Stacy Shane
3/9/06

Michael S. Lumb
Nancy Pabli
3/10/06

Individual Statement

Date Printed: 3/9/2006

Page 1 of 1

For Month of September 2005

SBI	Last Name	First Name	MII	Suffix	Beg Mth Balance:	\$33.10
00271683	Cubbage	Jarid				
Current Location:	DW	Comments:				

	Deposit or Withdrawal	Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Canteen	9/8/2005	(\$27.20)	\$0.00	\$0.00	\$5.90	154898			
Supplies-Mail/P	9/15/2005	\$0.00	\$0.00	(\$1.63)	\$5.90	158551		POSTAGE	
Visit	9/19/2005	\$25.00	\$0.00	\$0.00	\$30.90	159234	451845774-14297		E CUBBAGE
Canteen	9/29/2005	(\$21.77)	\$0.00	\$0.00	\$9.13	163613			
					Ending Mth Balance:		\$9.13		

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$3.50)

Individual Statement

Date Printed: 3/9/2006

For Month of October 2005

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SBI	Last Name	First Name	M1	Suffix	Beg Mth Balance:	
00271683	Cubbage	Jarid			\$9,13	
Current Location:	D/W			Comments:		

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Visit	10/3/2005	\$25.00	\$0.00	\$0.00	\$34.13	165166	451846764-22918		E. CUBBAGE
Supplies-Mail/P	10/6/2005	(\$1.63)	\$0.00	\$0.00	\$32.50	168367			
Canteen	10/14/2005	(\$18.46)	\$0.00	\$0.00	\$14.04	171659			
Canteen	10/20/2005	(\$7.65)	\$0.00	\$0.00	\$6.39	173792			
Mail	10/26/2005	\$25.00	\$0.00	\$0.00	\$31.39	175976	08343943369		E. CUBBAGE
Ending Mth Balance:								\$31.39	

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$3.50)

Ending Mth Balance: \$31.39

Individual Statement

Date Printed: 3/9/2006

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For Month of November 2005

SBI	Last Name	First Name	MI	Suffix	Reg Mth Balance:	\$31.39
00271683	Cubbage	Jarid				
Current Location: D/W						

Trans Type	Date	Deposit or Withdrawal	Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Canteen	11/3/2005	(\$15.70)	\$0.00	\$0.00		\$15.69	179205			
Canteen	11/10/2005	(\$6.86)	\$0.00	\$0.00		\$8.83	182008			
Canteen	11/17/2005	(\$5.54)	\$0.00	\$0.00		\$3.29	185365			
Visit	11/28/2005	\$25.00	\$0.00	\$0.00		\$28.29	188399	475886057410-12305	E. CUBBAGE	
Canteen	11/30/2005	(\$14.81)	\$0.00	\$0.00		\$13.48	190023			
					Ending Mth Balance:	\$13.48				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$3.50)

Individual Statement

Date Printed: 3/9/2006

For Month of December 2005

SB#	Last Name	First Name	MI	Suffix	Beg Mth Balance:	
00271683	Cubbage	Jarid			\$13.48	
Current Location:	D/W			Comments:		

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$3.50)

Individual Statement

Date Printed: 3/9/2006

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For Month of February 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.19
Current Location:	Cubbage	Jarid				
Comments:						

Trans Type	Date	Deposit or Withdrawal	Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	Pay To	SourceName
Visit	2/1/2006	\$50.00	\$0.00	\$0.00	\$0.00	\$50.19	215223	4784334023-13862		E.CUBBAGE
Supplies-MailP	2/2/2006	(\$0.39)	\$0.00	\$0.00	\$0.00	\$49.80	217763			1/13/06
Supplies-MailP	2/2/2006	(\$1.29)	\$0.00	\$0.00	\$0.00	\$48.51	217953			11/10/05
Supplies-MailP	2/2/2006	(\$3.85)	\$0.00	\$0.00	\$0.00	\$44.66	217989			11/10/05
Canteen	2/8/2006	(\$15.97)	\$0.00	\$0.00	\$0.00	\$28.69	220020			
Supplies-MailP	2/8/2006	\$0.00	\$0.00	\$0.00	(\$1.29)	\$28.69	220458			12/27/05
Supplies-MailP	2/8/2006	\$0.00	\$0.00	\$0.00	(\$2.21)	\$28.69	220459			12/27/05
Visit	2/21/2006	\$25.00	\$0.00	\$0.00	\$0.00	\$53.69	225087	053766595967		E CUBBAGE
						Ending Mth Balance:		\$53.69		

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$3.50)

Play Stubs from the Main Kitchen

CUBBAGE JARD	271683	\$0.18	68.00	0.00	\$12.24	2
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CUBBAGE JARD	271683	\$0.18	148.00	2.97	11.00	\$29.61	4
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CUBBAGE JARD	271683	\$0.18	28.00	0.00	0.00	\$3.04	1
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